

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12489

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name J. V. De Michele

P.O. Box, Bldg., Room No., if any Actors' Equity Association

Street 165 WEST 46TH STREET

City NEW YORK

State New York ZIP Code + 4 10036

4. Name, file number, and address of labor organization.

Name Actors' Equity Association

Labor Organization File Number 006-029

P.O. Box, Building and Room Number, if any

Street 165 WEST 46TH STREET

City NEW YORK

State New York ZIP Code + 4 10036

5. Position in labor organization.

Comptroller

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

08/15/2005

Date

(212) 869-8530

Telephone Number

Name of Person Filing J De Michele

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Farkouh Furman & Faccio

Trade Name if any

P O Box Bldg Room No if any

Street 460 Park Avenue

City New York

State New York ZIP Code + 4 10022

9 Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Audit & Tax Prep

11 b Approximate dollar value of such dealing

\$100 000

12 a Nature of interest held or income received

Two bottles of wine gift boxed

12 b Amount

\$40

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Amalgamated Bank

Trade Name if any

P O Box Bldg Room No if any

Street 15 Union Square

City New York

State New York ZIP Code + 4 10003-3378

14 a Nature of payment

Lunch 7/21/2004

13 b Is the Business an Employer ☒ or Consultant ☐ ?**14 b** Amount of payment

\$98